



IPW AF/3652/00

TRANSMITTAL FORM		Application Number	10/602,946
		Filing Date	June 24, 2003
		First Named Inventor	Andrea Cinotti
		Art Unit	3652
		Examiner Name	Donald W. Underwood
Total Number of Pages in This Submission	7	Attorney Docket Number	048562-9004

<b>ENCLOSURES (check all that apply)</b>		<b>PETITION FOR EXTENSION OF TIME</b>
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> Before Final <input checked="" type="checkbox"/> After Final (5 pages) <input type="checkbox"/> Affidavits/Declarations		This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08A (or 08B) Forms <input type="checkbox"/> Cited References		<input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27.
<input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Applicant(s) petitions for a two-month extension of time and pay the fee of \$450.00 (37 CFR 1.17(a)(1)-(5)).
		<input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

#### CLAIMS FEES

No additional claim fee is required.

	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims Present	Small Entity		Large Entity		
				Rate	Addit. Claim Fee	Rate	Addit. Claim Fee	
Total	5	-	23	=0	x 25=	\$	x 50=	\$0
Independent	1	-	3	=0	x 100=	\$	x 200=	\$0
<input type="checkbox"/> First Presentation of Multiple Claim				+ 180=	\$	+ 360=	\$0	

#### FEES

<input type="checkbox"/> Additional Claim Fee	\$0.00
<input checked="" type="checkbox"/> Extension fee for two-month	\$450.00
<input type="checkbox"/> Information Disclosure Statement	\$0.00
<input type="checkbox"/> Surcharge for Missing Parts – Declaration	\$0.00
<input type="checkbox"/> Terminal Disclaimer	\$0.00
TOTAL FEES	
	\$450.00

#### PAYMENT OF FEES

A check in the amount of \$ is enclosed.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. Duplicate copy of this transmittal enclosed for this purpose.

The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$450.00.

#### SIGNATURE OF ATTORNEY

Larry L. Saret, Reg. No. 27,674  
 MICHAEL BEST & FRIEDRICH, LLP  
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 Signature  
 Date: Oct 7, 2005

#### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is:

being facsimile transmitted to the USPTO, facsimile number (571) 273-8300.

deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Typed or printed name	Elizabeth M. Campbell Tressler
Signature	

Date: 10/7/05